

**CULPEPER COUNTY DEPARTMENT OF ANIMAL SERVICES
10144 JAMES MONROE HWY.
CULPEPER, VA 22701
540-547-4477**

VOLUNTEER RELEASE FORM

I understand that as a volunteer, I will be exposed to animals of unknown origin and vaccination history. I understand that it is my option to receive preventative vaccinations for Rabies from the Health Department. I understand that I may engage in activities where I may not always be accompanied by a Department of Animal Services employee or a Humane Society volunteer. I agree to abide by the rules of the Shelter and will not jeopardize my own safety or the safety of others by handling animals in an unsafe manner. Furthermore, I hereby release Culpeper County and the Culpeper County Humane Society from any and all claims, demands, and judgments for injuries or damages suffered by me arising from any failure to obtain preventative vaccinations, any animal scratches or bites, any accident or injury resulting from participation in this activity and/or arising from my failure to obey the rules of staff instruction.

Signature _____ Witness _____

Printed Name _____ Date _____

If under 18 years of age, the below release must be signed by parent or guardian.

I understand that during my child's time as a volunteer, he/she may be exposed to animals of unknown origin and vaccination history. I understand that it is my option to take my child to the Health Department and receive preventative vaccinations for Rabies. I understand, and agree that my child may engage in activities where a Shelter employee or a Humane Society volunteer may not always accompany him. My child understands that he/she must abide by the rules of the Shelter and will not jeopardize his/her own safety or the safety of others by handling animals in an unsafe manner. Furthermore, I hereby release Culpeper County and the Culpeper County Humane Society from any and all claims, demands and judgments for injuries or damages suffered by my child, my spouse and myself arising from failure to obtain preventative vaccinations, any animal scratches or bites, any accident or injury resulting from participation in this activity and/or arising from my child's failure to obey Shelter rules or staff instruction.

Signature of Parent/Guardian _____ Witness _____

Printed Name _____ Date _____